



# RCG-24 Charitable Games Supplier Quarterly Report

## Read this information first

All suppliers of charitable games supplies and equipment must file this report within 20 days after the end of any quarter during which the supplier's license was in effect. This report is due by the deadline even if you had no sales or leases during the quarter.

Charitable games equipment is defined as "any supplies, devices, equipment, products, or materials designed for use or used in the playing of charitable games including, but not limited to, cards, dice, pull tabs, and any related type of gambling ticket, chips, representations of money, and wheels."

Quarters end on March 31, June 30, September 30, and December 31.

Mail your completed report to:  
OFFICE OF BINGO AND CHARITABLE GAMES  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19480  
SPRINGFIELD IL 62794-9480

If you have any questions, call our Springfield office between 8:00 a.m. and 4:30 p.m. at 217 524-4164. You may also write to us at the address above.

## Step 1: Identify your business

1 Name \_\_\_\_\_

3 Supplier license number **CS** - \_\_\_\_\_

2 Address \_\_\_\_\_  
Street address

4 This report is for the quarter ending \_\_\_\_\_  
Month Year

City State ZIP

## Step 2: List your sales or leases

List below all sales or leases of charitable games equipment you made in Illinois this quarter. For equipment you sold, write an "S" and the date of sale in the appropriate columns. For equipment you leased, write an "L" and the dates of the events for which the equip-

ment will be used in the appropriate columns. Attach additional sheets if necessary.

**Note:** If you did not make any sales or leases this quarter, write "none" on Line 1 and go to Step 3.

	Organization purchasing or leasing charitable games equipment	Charitable games license number	Gross proceeds from sale or lease	Sold ("S") leased ("L")	Date of sale or lease
1	Name _____ Number and street _____ City, state, ZIP _____	CG - _____	\$ _____	_____ Month Day(s) Year	_____ Month Day(s) Year
2	Name _____ Number and street _____ City, state, ZIP _____	CG - _____	\$ _____	_____ Month Day(s) Year	_____ Month Day(s) Year
3	Name _____ Number and street _____ City, state, ZIP _____	CG - _____	\$ _____	_____ Month Day(s) Year	_____ Month Day(s) Year

## Step 3: Sign below

Under penalties of perjury, I state that I have examined this report, and to the best of my knowledge, it is true, correct, and complete.

Officer's signature

Title

Date

